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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/823,813	03/30/2001	Randolph E. Treur	LAM2P247	6643

25920 7590 06/23/2003

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EXAMINER

STINSON, FRANKIE L

ART UNIT	PAPER NUMBER
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1746

DATE MAILED: 06/23/2003

Please find below and/or attached an Office communication concerning this application or proceeding.

AMENDMENT CHECKLIST

(REVISED AMENDMENT FORMAT – VOLUNTARY PERIOD ONLY)

E

Application: 09/8238/3

Legal Instruments Examiner: Anne

Date of Amendment: 6-2-3

A review of applicant's amendment submitted under the revised amendment format reveals:

- ☐ 1. The amendment fully complies with the voluntary revised amendment format.
 - ☒ 2. **Complete Claim Listing.** A complete listing of all of the claims is not present in the amendment paper.
 - ☐ a. Applicant presents only currently amended claims.
 - ☒ b. Applicant presents all claims except those claims, which are canceled.
 - ☐ c. Applicant fails to present the text of all claims under examination.
 - ☐ 3. **Ascending Order.** The claims of this amendment paper have not been presented in ascending numerical order.
 - ☐ 4. **Status Identifiers.** No status identifiers (following each claim number) have been presented.
 - ☐ a. Some status identifiers (following each claim number) have not been presented.
 - ☐ c. Claims are presented with an incorrect or inconsistent status identifier.
- Claim(s) no. _____
- ☐ 5. **Separate Sheet.** Each section of the amendment does not begin on a separate sheet.
 - ☐ 6. **Markings in Non-Amended Claims.** Claims not currently amended are marked up.
 - ☐ 7. **Groupings.** Applicant has incorrectly grouped non-consecutive groups of canceled or withdrawn claims.
 - ☐ 8. **Revised Format – Specification Only.** Only the specification is supplied using the revised amendment format. Applicant has submitted amendments to the claims using a clean version and a marked up version.
 - ☐ 9. **Other** _____

RETURN THIS CHECKLIST TO THE TEAM LEADER.

***IF THE AMENDMENT FAILS TO COMPLY WITH THE VOLUNTARY REVISED AMENDMENT FORMAT, SUBMIT THIS CHECKLIST, THE AMENDMENT, & THE APPLICATION FILE TO THE TEAM LEADER.**